

LAFAYETTE MANOR

719 EAST CATHERINE, P.O. BOX 167

DARLINGTON 53530 Phone:(608) 776-4472

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/02): 97

Total Licensed Bed Capacity (12/31/02): 99

Number of Residents on 12/31/02: 88

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

County

Skilled

No

Yes

Yes

85

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
Home Health Care	No		Primary Diagnosis	%		Age Groups	%		Less Than 1 Year	39.8
Supp. Home Care-Personal Care	No		-----	-----		-----	-----		1 - 4 Years	40.9
Supp. Home Care-Household Services	No		Developmental Disabilities	2.3		Under 65	5.7		More Than 4 Years	19.3
Day Services	Yes		Mental Illness (Org./Psy)	18.2		65 - 74	18.2		-----	-----
Respite Care	Yes		Mental Illness (Other)	5.7		75 - 84	28.4		-----	100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0		85 - 94	38.6		*****	-----
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0		95 & Over	9.1		Full-Time Equivalent	-----
Congregate Meals	Yes		Cancer	5.7		-----	-----		Nursing Staff per 100 Residents	-----
Home Delivered Meals	Yes		Fractures	6.8		-----	100.0		(12/31/02)	-----
Other Meals	Yes		Cardiovascular	38.6		65 & Over	94.3		-----	-----
Transportation	No		Cerebrovascular	8.0		-----	-----		RNs	15.5
Referral Service	No		Diabetes	9.1		Sex	%		LPNs	5.2
Other Services	Yes		Respiratory	4.5		-----	-----		Nursing Assistants,	-----
Provide Day Programming for			Other Medical Conditions	1.1		Male	31.8		Aides, & Orderlies	42.8
Mentally Ill	No		-----	-----		Female	68.2		-----	-----
Provide Day Programming for			100.0	-----		-----	-----		-----	-----
Developmentally Disabled	Yes		-----	-----		-----	100.0		-----	-----

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	289	55	94.8	104	0	0.0	0	24	96.0	128	0	0.0	0	0	0.0	0	84	95.5
Intermediate	---	---	---	2	3.4	86	0	0.0	0	1	4.0	113	0	0.0	0	0	0.0	0	3	3.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	1.7	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		58	100.0		0	0.0		25	100.0		0	0.0		0	0.0		88	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:		Activities of	%	% Needing Assistance of One Or Two Staff	Total Number of Residents
Private Home/No Home Health	17.3	Daily Living (ADL)	Independent		
Private Home/With Home Health	0.0	Bathing	0.0	84.1	88
Other Nursing Homes	2.5	Dressing	11.4	37.5	88
Acute Care Hospitals	79.0	Transferring	34.1	61.4	88
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	23.9	18.2	88
Rehabilitation Hospitals	0.0	Eating	76.1	10.2	88
Other Locations	1.2	*****			
Total Number of Admissions	81	Continence		%	Special Treatments
Percent Discharges To:		Indwelling Or External Catheter		4.5	Receiving Respiratory Care
Private Home/No Home Health	23.3	Occ/Freq. Incontinent of Bladder		55.7	Receiving Tracheostomy Care
Private Home/With Home Health	12.3	Occ/Freq. Incontinent of Bowel		30.7	Receiving Suctioning
Other Nursing Homes	2.7				Receiving Ostomy Care
Acute Care Hospitals	6.8	Mobility			Receiving Tube Feeding
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		1.1	Receiving Mechanically Altered Diets
Rehabilitation Hospitals	0.0				
Other Locations	2.7	Skin Care			Other Resident Characteristics
Deaths	52.1	With Pressure Sores		10.2	Have Advance Directives
Total Number of Discharges		With Rashes		4.5	Medications
(Including Deaths)	73				Receiving Psychoactive Drugs

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital- Based Facilities	All Facilities
	%	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.4	87.4 0.98	85.1 1.00
Current Residents from In-County	85.2	84.3 1.01	76.6 1.11
Admissions from In-County, Still Residing	37.0	15.2 2.44	20.3 1.82
Admissions/Average Daily Census	95.3	213.3 0.45	133.4 0.71
Discharges/Average Daily Census	85.9	214.2 0.40	135.3 0.63
Discharges To Private Residence/Average Daily Census	30.6	112.9 0.27	56.6 0.54
Residents Receiving Skilled Care	95.5	91.1 1.05	86.3 1.11
Residents Aged 65 and Older	94.3	91.8 1.03	87.7 1.08
Title 19 (Medicaid) Funded Residents	65.9	65.1 1.01	67.5 0.98
Private Pay Funded Residents	28.4	22.6 1.26	21.0 1.35
Developmentally Disabled Residents	2.3	1.5 1.56	7.1 0.32
Mentally Ill Residents	23.9	31.3 0.76	33.3 0.72
General Medical Service Residents	1.1	21.8 0.05	20.5 0.06
Impaired ADL (Mean)*	50.0	48.9 1.02	49.3 1.01
Psychological Problems	67.0	51.6 1.30	54.0 1.24
Nursing Care Required (Mean)*	8.0	7.4 1.07	7.2 1.11